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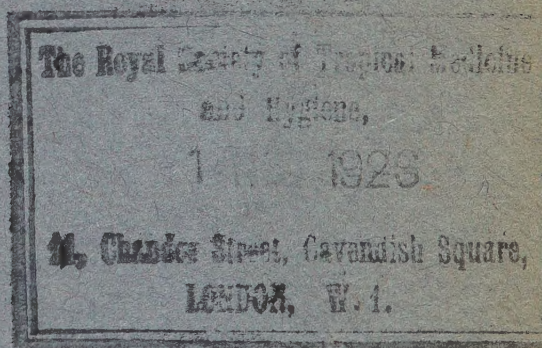
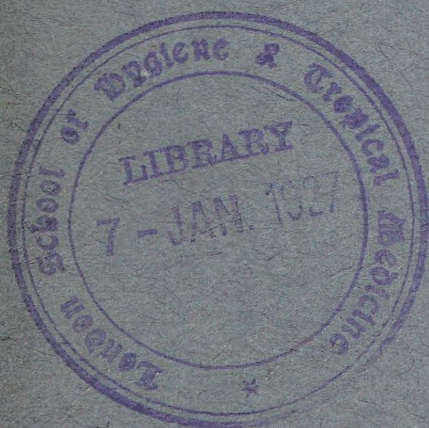
THIRD REPORT
1925-1926

P. 4861

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THE NATIONAL COUNCIL
FOR
MENTAL HYGIENE
(INCORPORATED)



Registered Office:

Room 118, Windsor House, Victoria Street,
LONDON, S.W.1.

(Telephone Victoria 5907).

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SUB-COMMITTEES.

The Officers of the Council are "ex-officio" members of all Committees.

SUB-COMMITTEE No. 1.

(On the Prevention and Early Treatment of Mental Disorders.).

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DR. DORIS M. ODLUM (<i>Hon. Secretary</i>).	MISS GORDON HOLMES.
DR. A. HELEN BOYLL.	THE COUNTESS OF LISTOWEL.
DR. CYRIL BURT.	DR. E. MAPOTHER.
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DR. H. E. DAVISON.	DR. BEDFORD PIERCE.
MRS. FITZ-ADAM-ORMISTON.	DR. J. G. PORTER PHILLIPS.
MISS EVELYN FOX.	DR. W. A. POTTS.
MISS E. MARGERY FOX.	SIR HUMPHRY DAVY ROLLESTON.
THE HON. MRS. H. FRANKLIN.	DR. T. A. ROSS.
DR. EDWIN GOODALL.	DR. W. DALLAS ROSS.
MISS JEANETTE HALFORD.	DR. CHALMERS WATSON.

SUB-COMMITTEE No. 2.

(For the Care, After-Care and Treatment of the Insane).

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DR. DORIS M. ODLUM (<i>Hon. Secretary</i>).	THE COUNTESS OF LISTOWEL.
W. H. BAIRD, ESQ.	DR. HAMILTON C. MARR.
DR. G. F. BARHAM.	MISS C. A. NEVILE.
MRS. BARNES.	DR. M. J. NOLAN.
DR. C. H. BOND.	DR. J. G. PORTER PHILLIPS.
DR. R. H. COLE.	THE RT. HON. LORD RIDDELL.
MISS V. M. DALE.	PROFESSOR GEORGE ROBERTSON.
DR. H. DEVINE.	DR. F. R. P. TAYLER.
DR. F. H. EDWARDS.	MISS E. D. VICKERS.
DR. J. J. EYRE.	DR. CHALMERS WATSON.
DR. T. S. GOOD.	DR. J. R. WHITWELL.
DR. BERNARD HART.	

SUB-COMMITTEE No. 3.

(On Mental Deficiency, Crime, etc.)

DR. W. A. POTTS (<i>Chairman</i>).	MRS. FITZ-ADAM-ORMISTON.
DR. H. FREIZE STEPHENS (<i>Hon. Sec.</i>).	MISS EVELYN FOX.
DR. J. L. BIRLEY.	WILLIAM CLARKE HALL, ESQ.
DR. CYRIL BURT.	DR. E. A. HAMILTON-PEARSON.
DR. C. H. CALDICOTT.	DR. NEILL HOBHOUSE.
DONALD CARSWELL, ESQ.	DR. W. JOHNSON.
THE EARL OF CASTLESTEWART.	MISS C. A. NEVILE.
MISS ANNE E. CUMMINS.	DR. F. C. SHRUBSALL.

AIMS AND OBJECTS OF THE NATIONAL COUNCIL FOR MENTAL HYGIENE.

The activities of the National Council established in Great Britain embraces among others the following objects :—

(1) The improvement of the mental health of the community. This involves a closer and more critical study of the social habits, industrial life, and environments of the people, with a view to eradicating those factors which lead to mental ill-health and unhappiness, and the education of the public in all matters which militate for and against good mental health.

(2) The study of the causes underlying congenital and acquired mental defect and disorder, with a view to their prevention. To further this, the Council will promote scientific investigation by competent workers.

(3) To secure a more important position for the study of psychiatry in the medical curriculum, and the closer association of psychiatry with general medicine ; to further the establishment of special clinics and out-patient departments for the early treatment of mental disorders ; to raise the standard of care and treatment in the public mental hospitals and to remove legal formalities which tend to postpone the effective treatment of cases of mental disorder in their early stages, or to divorce the treatment of mental disorders from other diseases. By combating the prevailing ignorance and superstition regarding the true nature of mental disorder, it hopes to assist in removing the stigma which handicaps the future welfare of those who have been thus afflicted.

(4) The study of criminality, dependency, vagrancy, and prostitution, in so far as they are failures of adjustment by reason of mental disorder or defect. The Council will further investigate the extent to which expert medico-psychological examination of persons charged with crime can be of help in elucidating the problem of habitual criminality.

(5) The study of mental hygiene of child-life in relation to education and parental responsibility.

(6) The Council hopes to be the liaison between all societies, associations and other bodies interested in or concerned with mental hygiene, and so far as it can with advantage co-operate with them.

MEMBERSHIP.

(Extract from Articles of Association).

There shall be two classes of members, namely :—(a) Full Members, and (b) Associate Members.

1. A person desirous of becoming a member of the Association shall by notice in writing signify his desire to become a member, and shall in such notice state whether he desires to become a Full Member or an Associate Member, and if the Association shall approve such person as a member, his name shall thereupon be entered in the Register of Members of the Association (to be kept pursuant to Section 25 of the Companies (Consolidation) Act, 1908), as a Full Member or as an Associate Member as the case may be.

2. A Full Member shall pay an annual subscription of One guinea and an Associate Member shall pay an annual subscription of Five shillings.

3. Every new member shall pay the annual subscription appropriate to his class at the time when he gives notice of his desire to become a member.

4. The annual subscription shall (except as provided by Clause 3 hereof) be due and payable on the first day of January in each year.

5. Any member intending to withdraw from the Association shall signify his intention to do so in writing before the first day of January ; otherwise he shall pay his subscriptions for the current year, whether he shall have exercised or enjoyed any of the members' rights and privileges or not.

6. Only a Full Member shall be eligible to become a Member of the Committee.

7. Only Full Members shall be entitled to vote upon the election of Members of the Committee, each member shall have one vote and no more, whether on a show of hands or on a poll, and all votes shall be given personally.

Annual Report of the Council, 1925-1926.

Before summarizing the work of the Council during the past year, mention must be made of some matters of general interest, the most important being the resignation of its first Chairman, Sir Courtauld Thomson, K.B.E., C.B., in February, 1926.

As one of the founders of the Council he naturally had its welfare at heart, and it was only because of pressing private affairs that he most reluctantly vacated the Chair. His resignation was received with the greatest regret. He not only gave his services ungrudgingly but was mainly instrumental in attracting to the Council others who have since held some of its principal administrative posts. His tactfulness, urbanity and firmness made him an ideal Chairman, and he will be greatly missed in this and other capacities. It will be the duty of the Committee elected for 1926—27 to find a successor. In the meantime, at the request of the Committee, Lord Southborough has kindly consented, *pro tempore*, to occupy the Chair.

The Committee also much regretted that Dr. J. L. Birley, C.B.E., found himself unable to continue as Joint Honorary Secretary owing to private affairs. He has, however, not ceased to show a lively interest in the Council's welfare and we again have been beholden to him for affording facilities for the Meetings of the Committee and the Executive Committee to meet at his house. A successor has not been elected and the work of this post has devolved entirely upon the remaining Honorary Secretary, Lt.-Colonel J. R. Lord, C.B.E., during the past year.

The Committee and several of its Sub-Committees have felt very keenly the absence from their meetings, owing to a severe and dangerous illness, of Dr. A. Helen Boyle, at which she was a constant attendant. Her long services to the cause of mental hygiene, of which she is one of the principle propagandists, her intimate knowledge of the movement both in this country and abroad, renders her active co-operation in the work of the Council most valuable and it is hoped that her health will soon permit of her full resumption of the work she has so closely at heart.

REPORT OF THE ROYAL COMMISSION ON LUNACY AND MENTAL DISORDER.

This important and historic document, which was looked forward to with a lively interest and not a little anxiety, has been made available to the public since our last Annual Report.

It cannot be denied that support has been withheld in some

measure pending the conclusion of the Royal Commission's deliberations owing to a misconception that the main aim and object of the Council was the reform of the lunacy administration. A reference to these (see p. 3) show this not to be a fact, but public misconceptions die hard.

The Report of the Royal Commission very largely supports the policy of the National Council as expressed in its *Précis of Evidence* published in our last Annual Report. It was not to be expected, however, that all the Council's views and ideals would receive the approbation of the Commission, and the close examination of its recommendations will be the first duty of the newly elected Committee and Sub-Committees.

The Report shows the existence of the Council to be completely justified as far as its interest in lunacy reform is concerned, and the steps foreshadowed as being necessary before recommendations of the Commission can be brought about call for the fullest support, both by donations and increase of membership, being given to the Council as the most representative body concerned with the wide interests involved. The education of public opinion in all those problems grouped under the generic term of "Mental Hygiene" is one of the principal functions of the Council and it is very obvious from the terms of the Report that this is a necessary preliminary to the materialization in practice of the views and recommendations of the Commission.

The withholding of support to the Council on the ground of the appointment of this Royal Commission was never justified and the publication of its Report renders all the more necessary the activities of the Council and a more generous response from the public to its appeals for funds and personal co-operation.

In so far as the recommendations of the Royal Commission fall short of the views expressed by the Council it will be its duty to secure modifications by appeals both to the Legislature and to the Central and Local Lunacy Authorities. As far as these recommendations satisfy the aspirations of the Council, the latter will need to supply its quota of the stimulus which will undoubtedly be necessary before the Legislature can be persuaded to adopt them.

PROCEDURE IN REGARD TO IMPORTANT QUESTIONS.

The Council is slowly building up a policy in regard to each of its many aims and objects. The Committee refers problems to the Sub-Committees and the latter bodies of their own initiative take up the consideration of various aspects of subjects in their terms of reference. The results of the deliberations of the Sub-Committees are reported to the Committee—a copy being sent to the Executive Committee for information and, if necessary,

their observations, for the consideration of the Committee. On the reports being considered by the Committee they are either (i) referred back, (ii) modified or (iii) adopted, and, if not referred back, expressed in the form of Resolutions. These become the policy of the Council for the information and guidance of its Executive officers, the members of the Council and the public.

It is obvious that if the considered views and policies of of the Council are to have their proper effect the publication of them is absolutely necessary and the establishment of a Journal or Bulletin urgently needed. Such a Journal or Bulletin would be the life-blood of the Council and, if the means were forthcoming to initiate it, the value of its contents and the response to its propaganda would go far to secure its financial success. A large donation for this object would therefore be very welcome to the Council.

PSYCHO-ANALYSIS.

At a Meeting of the Committee on January 6, 1926, Lord Riddell drew attention to a leading article in *The Times* on psycho-analysis, and commented on this and some letters which had subsequently appeared addressed to the Editor of that paper, the whole being mainly condemnatory of the practice of psycho-analysis in the treatment of nervous and mental disorders and proclaiming the matter to be urgently in need of enquiry. In fact, *The Times* went so far as to say that :—"This weapon, whether truly forged or not, is capable of inflicting terrible injuries, etc." It subsequently transpired that the case of suicide which gave rise to this publicity had not been subjected to psycho-analysis at all and the agitation soon died down. It has, however, since been revived at a recent meeting of the British Medical Association, but on much firmer grounds, and there is apparently *prima facie* evidence for consideration and enquiry.

The Committee discussed as to whether the Council should take any action and if so what that action should be. It was pointed out that psycho-analysis as a method of treatment of nervous and mental diseases at the hands of the skilled psychiatrist was a matter primarily of medical concern and responsibility and the Council was not a body competent to settle a medical dispute. Others urged that the public were badly informed on the subject and needed enlightenment, a position of affairs which was reflected in the attitude of the lay Press, and no harm, and possibly much good, might come from a report which limited itself strictly to facts and was both informative and educative. The public might thus be enabled to distinguish between genuine psycho-analysis, which might or might not be

a satisfactory and successful form of psycho-therapy, and undesirable and even harmful practices, based upon Freudian teaching, mostly at lay hands, no doubt, in some cases, well intentioned, but in others clearly mercenary. Furthermore, psycho-therapy in any form, when not directed by competent persons, was clearly to be condemned, even that affected by educationalists of position and repute.

The upshot in the end was a letter to *The Times*, on January 21, 1926, signed by the Chairman, pointing out that, short of a Government enquiry, and in the event of there being a general demand for a special enquiry, the Council would be a satisfactory tribunal for this purpose. In the meantime the subject stood referred to the appropriate Sub-Committee for report, and a public pronouncement was promised in due course. As will be seen from the report of Sub-Committee No. 1 (*vide* p. 20), it has not been found possible for that Sub-Committee to arrive at a decision.

DELINQUENCY IN YOUNG PEOPLE.

During a recent tour in America, Mrs. St. Loe Strachey made a study of the splendid work being done there under the aegis of the Commonwealth Fund in regard to Child Welfare and juvenile delinquency. She gathered it was possible that this Fund might, under certain conditions, be persuaded to give its support to similar work in this country, which might take the form of a demonstration psychiatric clinic for juvenile offenders. She therefore put herself in communication with certain bodies likely to be most interested, one of which was the Council. Following a letter addressed to the Honorary Secretary she was invited to attend a meeting of the Executive Committee on March 2, 1926. Subsequently a preliminary meeting was held at her house on March 24, 1926, at which representatives of the Council, the Central Association for Mental Welfare, the Howard League for Penal Reform and the Magistrates' Association attended. They formed a Committee to deal with this matter (which meets as occasion requires and is presided over by Mrs. St. Loe Strachey), the Council's representatives being Lord Southborough, Lieut. Colonel J. R. Lord and Dr. W. A. Potts.

In response to an invitation by this Committee, the Commonwealth Fund, at its own expense, sent over in June last a representative (Miss Mildred C. Scoville, the Executive Assistant to the Fund) to examine the situation and discuss the project with the members of the Committee. On Miss Scoville's return to America intimation was received that the Commonwealth Fund would need to receive concrete proposals from England before it could come to a decision on the matter.

At a meeting of this Committee on July 20, 1926, it was decided to draw up a memorandum putting forward suggestions for a demonstration clinic for training, service and research in regard to delinquent, difficult or "problem" children with a wide scope so as to include prophylaxis, the clinic to be attached to one of the Universities.

PSYCHIATRY AND THE MEDICAL CURRICULUM.

The position of psychiatry in the medical curriculum and the necessity for the general practitioner to be equipped with a deeper and wider knowledge of psychological medicine has occupied the attention of the Committee. As an outcome the following correspondence has taken place :—

" To the President of the General Council of Medical Education and Registration of the United Kingdom.

December 2, 1925.

Sir,—The National Council for Mental Hygiene has carefully considered the existing provisions for instruction of medical students in regard to mental disorder and particularly in regard to the minor forms. The requirements of the various examining bodies and the questions actually set concerning this subject during the past four years have also been carefully analysed.

The conclusion has been reached that at present the provisions both for imparting the necessary knowledge and for testing it are inadequate. The National Council would like to know whether it is possible for your Council to make any further recommendations or instructions with regard to wider teaching and more effective examining in this increasingly important subject.

I am,

Sir,

Your obedient servant,

(Signed) COURTAULD THOMSON,

Chairman."

to which the following reply was received :—

" The Chairman,

The National Council for Mental Hygiene.

December 3, 1925.

Dear Sir,—In reply to your letter of the 2nd inst., I am directed by the President to say that any recommendations which your Body may care to send in in regard to the teaching of mental diseases shall in due course be brought before the Education Committee of this Council, and will receive careful consideration.

Yours faithfully,

(Signed) NORMAN C. KING,

Registrar."

This urgent need is commented upon in the Report of the Royal Commission on Lunacy and Mental Disorder, and the President of the Royal Medico-Psychological Association (Lt.

Col. J. R. Lord) in his Presidential Address this year in regard to this need, said :—

“ How much better equipped would he (the general practitioner) be to meet those baffling problems of human character and conduct which he constantly encounters in daily practice were some of that grounding in natural sciences or advanced anatomy and physiology replaced by a sound course of modern psychology, with its many view points—subjective, objective, phylogenic, outogenic, industrial, etc !”

The Council recognises the difficulty of prolonging or enlarging the scope of the medical curriculum and that some cut seems essential if psychiatry is to take its rightful place in the education of the medical student. It views the matter as being of so much importance to the mental hygiene of the community that it will continue to urge that this deficiency in the education of the medical practitioner shall be made good. The first essential to its materialization is undoubtedly the greater development of in and out-patient psychiatric clinics of those general hospitals attached to the medical schools, a matter which the Council urged before the Royal Commission : “ Our proposals would benefit the medical students where a medical school is attached to a hospital, also the nursing profession, and would lead to a better understanding of mental cases by the public.” It is the clinical, rather than the theoretical teaching of psychiatry which is deficient in this country.

DEGREES AND DIPLOMAS IN PSYCHIATRY.

The policy of the Council in regard to the psychiatric training of the medical officers in mental institutions is declared in the following resolution adopted by the Committee :—

“ The Committee have no doubt that a special knowledge of physiological medicine is necessary for medical officers in mental hospitals and that there should be definite evidence of it from authoritative sources before they can be considered qualified for the senior posts. They realise that at present neither of these views is universally practicable, and they feel that a system of study leave is necessary for their realisation.”

OCCUPATIONAL THERAPY AND SYSTEMATIC PHYSICAL TRAINING FOR MENTAL PATIENTS.

Similarly the Council has declared its policy in the above matters in the following resolution adopted by the Committee :—

“ The information of the Committee is that at the present time patients are very largely employed in mental hospitals, especially in ward duties, farming and laundry and needlework, but that special occupational therapy in acute cases is a form of treatment in its infancy in these hospitals and is deserving of every encouragement.

Where a special occupational officer, or a handicraft officer is appointed he (or she) should be a permanent official of the hospital.

We also consider that there are many patients in mental hospitals who would greatly benefit by systematic training.”

MEETINGS.

The Third Ordinary General Meeting of the Council was held in the Robert Barnes Hall of the Royal Society of Medicine, on Monday, November 2, 1925, at 4 p.m., Sir Courtauld Thomson in the Chair.

After the Minutes of the last Ordinary General Meeting had been read, approved and signed by the Chairman, the Honorary Secretary (Lt.-Col. J. R. Lord) moved the adoption of the Annual Report of the Council. This was seconded by Lord Southborough.

The following Members of the Committee, who were due to retire by rota, were unanimously re-elected :—

Dr. C. G. Ainsworth, Dr. Edwin Bramwell, Dr. E. Farquhar Buzzard, The Hon. Lady Darwin, Sir Walter Morley Fletcher, W. Clarke Hall, Esq., Dr. Bernard Hart, Dr. Henry Head, The Rt. Rev. the Lord Bishop of London (The Rt. Rev. A. F. W. Ingram), Dr. Bedford Pierce, The Rt. Hon. Lord Riddell, Professor G. M. Robertson, Dr. T. A. Ross, The Rt. Hon. Lord Southborough.

It was resolved that the number of members on the Committee for 1925—1926 should be limited to 45.

The following additional members were unanimously elected to the Committee :—

Sir Robert Armstrong-Jones, C.B.E.
Dr. Doris M. Odlum.

This concluded the business meeting, following which a Public Meeting was held and heard an address by the Rt. Hon. the Earl of Birkenhead (Secretary of State for India). Other speakers were :—Sir Maurice Craig, Dr. W. A. Potts, and a vote of thanks was proposed by the Rt. Hon. The Countess of Chichester.

The number of occasions the Committee and Sub-Committees met during the year were as follows :—

Committee	...	...	...	2 meetings.
Executive Committee	...	...	...	7 meetings.
Sub-Committee No. 1	...	...	...	10 meetings.
Sub-Committee No. 2	...	...	...	6 meetings.
Sub-Committee No. 3	...	...	...	11 meetings.

The Committee at its first meeting decided not to re-elect a Propaganda Committee, feeling that its work could be better carried out by the Executive Committee.

Dr. A. Helen Boyle has addressed several meetings during the year on behalf of the Council, among others being :—The Bradford Froebel Society; the Society of the Crown of Our Lord, London; the Soroptomist Club of Greater London; the Guild of Health, Bristol; the Public Health Institute, London; and the Froebel Society, Eastbourne.

Dr. Doris M. Odlum has addressed meetings as follows :— The Kent Voluntary Association for Mental Welfare at Maidstone ; the Preventive and Rescue Work Conference at Liverpool ; the Preventive and Rescue Association at Farnham, Surrey ; the National Council of Women, Haslemere ; the National Council of Women, Parkstone, Dorset ; the National Council of Women, Highcliffe, Hants.

Lt.-Colonel J. R. Lord addressed the Annual Meeting of the Surrey Voluntary Association for Mental and Physical Welfare, on Wednesday, June 9, 1926, on “ Mental Hospitals and the Public—the need for closer co-operation.”

Miss Ethel D. Vickers addressed the Annual Meeting of the Guardianship Society, Brighton, on Friday, June 25, 1926, on behalf of the Council on “ The Aspect of the Mental After Care Association’s Work relating to Mental After Care.”

LOCAL BRANCHES OF THE COUNCIL.

Lt.-Colonel Edwin Goodall, C.B.E., having intimated to the Executive Committee that there were good prospects of a local Branch of the Council being formed at Cardiff, letters appointing him Regional Delegate for Cardiff and District were issued by the Executive Committee.

The Lord Mayor of Cardiff presided over the inaugural meeting at the City Hall, on April 16, 1926, at which the speaker was Sir Maurice Craig, the purpose of the meeting being to draw attention to the need of a local branch of the National Council at Cardiff. At the close of the meeting Dr. Thomas Wallace moved that a branch of the National Council for Mental Hygiene be formed for Cardiff and district, and this was seconded by Sir Herbert D. W. Lewis, and carried unanimously. Dr. Edwin Goodall, the Regional Delegate of the Council, also spoke.

On April 15 Sir Maurice Craig addressed a meeting of medical men of Cardiff and district, and on the evening of the 16 he spoke at a meeting of teachers, which was well attended, the Lord Mayor again taking the Chair.

The Council would like to place on record its indebtedness to Dr. Edwin Goodall for his work in organising the meetings and in connection with the formation of the branch.

The formation of a local branch for Liverpool and District has met with unexpected difficulties, but Dr. W. Johnson is still continuing his efforts in this direction.

MENTAL HYGIENE AS AN INTERNATIONAL MOVEMENT.

The Council endeavours to keep in touch with the Mental Hygiene movement in other lands, especially in the Overseas Dominions and Colonies, by correspondence and exchanges of

literature. Each country has its own peculiar problems to face, the chief difference being the extent to which mental hygiene work is undertaken by the State, which varies a good deal. Although the scope of work in the American States is hardly comparable with that in this country, the correspondence with Mr. Clifford Beers, an honorary member of the Council, has been especially helpful. An effort is being made to establish Committees for Mental Hygiene in Australia and New Zealand, the movers of which are anxious to work in close relationship with the Council.

The projected International Congress has not been abandoned, but merely delayed.

THE TREATMENT OF YOUNG OFFENDERS.

In our last report we published as an appendix a memorandum on "Criminal Assaults on Young Persons," by Dr. W. A. Potts. This year we publish (*vide* p. 26) the evidence he submitted on behalf of the Council to the Home Office Committee on "The Treatment of Young Offenders." The Council desires to express its thanks to the author of these documents, not only for their intrinsic value, but for the useful and informative way in which they are drawn up.

A SCHEME FOR THE SCIENTIFIC INVESTIGATION OF THE CAUSES OF MENTAL DEFECT.

Sub-Committee No. 3 have had under consideration schemes prepared by Dr. Neill Hobhouse and Dr. H. Freize Stephens for the scientific investigation of the causes of mental defect and their report will shortly be considered by the Committee.

From a practical point of view it might be possible for such a scheme to be incorporated with the projected clinic in regard to various morbid aspects of child life envisaged by Mrs. St. Loe Strachey's Committee. The Council is always desirous of co-operating with other bodies in its labours and is careful to avoid overlapping and duplication of work.

THE CAUSATION OF MENTAL DISORDERS.

Pursuant their extended reference, sanctioned at the meeting of the Committee held on January 6, 1926, Sub-Committee No. 3 have been making preliminary investigations as to the causation of mental disorders. This is a big subject and one without any finality, and it is not proposed to attempt a comprehensive report, at least not for some considerable time. It will rather be a matter of constant solicitude, reporting from time to time such definite facts as come to light during their enquiries. A document is, however, almost completed of the nature of a

general survey of the subject, chiefly from a medico-sociological point of view, which it is proposed in due course to issue for the public enlightenment.

THE NEED FOR FURTHER FINANCIAL SUPPORT.

The Council has carried on its work with difficulty owing to the relatively poor financial support it has so far received, having regard to the high importance of its mission. Only by the strictest economy in the expenditure of its funds does it manage to survive. Despite this, the year has by no means been unfruitful in good works. Many, however, of its projects are held up for want of funds, the most important being :—

- (a) The appointment of a paid medical director.
- (b) The publication of a monthly bulletin.
- (c) The broadcasting of mental hygiene literature.
- (d) The organisation of popular lectures in subjects connected with mental hygiene.
- (e) The holding of special meetings of the Council to hear papers, partake of discussions, etc.
- (f) The preliminary financing of local branches.
- (g) The organisation of research work, especially as regards the causes of mental deficiency.

Donations can be ear-marked for any special purpose within the aims and objects of the Council (*vide* p. 3).

We trust that during the coming year a special effort will be made to commence more of these projects for which we make an earnest appeal for help.

CHANGES IN MEMBERSHIP.

At the beginning of the year there were 188 Full Members and 37 Associate Members. During the year 39 Full Members and 7 Associate Members joined the Council.

The Council lost by resignation 5 Full Members and 1 Associate Member. Dr. Henry Head was obliged to resign from all Committees on account of ill-health.

The Council, in common with all bodies interested in the mental health of the community, and especially in the cause, prevention and treatment of mental disorder and defect, learned of the death with deep regret of Sir F. W. Mott, K.B.E., LL.D., M.D., F.R.C.P., F.R.S., who was one of its most valuable members. He was most regular in his attendance at the meetings of the Committee and of Sub-Committee No. 1. The loss of his vast experience, sage counsel and intimate knowledge of the subjects embraced by the aims and objects of the Council will be keenly felt.

FINANCE, 1925—1926.

The following have generously given sums of over £20 during the year :—

Dr. A. Helen Boyle £33 3 0

(£30 of the above amount was collected by Miss Harty as a thank offering for Dr. Boyle's recovery from her illness).

Henry Oppenheimer, Esq. £30 0 0

We are glad to be able to report that, since the end of the financial year, an anonymous donation of £210 0s. 0d. has been received (per Sir Maurice Craig).

THE SECRETARIAT.

The Office of the Council was transferred during March, 1926, from Room 55, Windsor House, Victoria Street, S.W.1, to Room 118, in the same building, thus a saving of two-thirds in the rent has been made.

The Council are happy still in retaining the good and faithful services of Miss Norah M. Eyre as Secretary.

ACKNOWLEDGEMENTS.

The Council wish again to record their thanks to the Honorary Executive Officers for their services during the year. They also wish to express their gratitude to the Honorary Solicitors, Messrs. Charles Russell and Co., and to the Honorary Auditors, Messrs. Blackburns, Barton, Mayhew and Co.

SOUTHBOROUGH, *Chairman.*

JOHN R. LORD, *Honorary Secretary.*

Reports of Sub-Committees for 1925-1926.

SUB-COMMITTEE No. 1.

On the Prevention and Early Treatment of Mental Disorder.

Terms of Reference.

“To secure for psychology and psychiatry a position in the medical curriculum more commensurate with their importance and to further the closer association of psychology and general medicine.

To combat the prevailing ignorance and superstition with which the laity regard mental disease. To educate medical students and nurses as to the true nature of mental disorder, and its intimate relationship to disorders of the body.

To further the establishment of clinics and out-patient departments for the early treatment of mental disorders, and to encourage social service in connection therewith.

To remove formalities and prejudices which tend either to postpone the effective treatment of mental disorder or to divorce its treatment from that of physical disease.

To encourage facilities for prophylactic treatment.

To study the mental hygiene of child life in relation to parental responsibility and education, and to emphasise the importance of a knowledge of psychology among school medical officers and teachers.”

During the year the Sub-Committee has met on the first Tuesday of each month at 87, Harley Street, and since April at 4, Cambridge Gate, under the Chairmanship of Sir Maurice Craig.

Dr. Helen Boyle and Miss Evelyn Fox acted as Honorary Secretaries and Dr. Doris Odum as Assistant Honorary Secretary for the year 1925. Owing to pressure of work the Honorary Secretaries were unable to offer themselves for re-election and Dr. Doris Odum was elected as Honorary Secretary for 1926.

THE YEAR'S WORK.

Letter to the General Medical Council on the instruction of Medical Students in Mental Hospitals. Acting on the data obtained from the replies to the questionnaires and the analysis of examination papers in the course of last year, a letter was drawn up by the Sub-Committee and sent to the President of the General Medical Council over the signature of the Chairman of the National Council.

The General Medical Council were urged to make further instructions or recommendations with regard to wider teaching

and more effective examining in the increasingly important subject of mental disorders, and especially in the minor forms thereof. (*Vide* p. 9).

Publicity Campaign. In view of the ignorance and lack of interest existing among the general public on the subject of mental diseases and particularly of early and borderland cases, the Members of the Sub-Committee were circularised in order to ascertain how many of them would be willing to address meetings on the subject of early and preventive treatment of mental disorders. A fairly satisfactory response was obtained and members were further asked to promote propaganda on this subject as far as possible.

The Seconding of Nurses from General to Mental Hospitals and Vice Versa in England and Wales. The question of reciprocity for the training of nurses between general and mental hospitals has occupied a large proportion of the Sub-Committee's time and attention.

As the Sub-Committee appreciate the importance of raising the status of nurses in mental hospitals to the highest standard they have devoted much time to this subject. Informal conferences have been held with certain matrons of large London general hospitals with training schools attached. Discussions have taken place as to the possibilities of seconding mental nurses to general hospitals and vice versa for part of their training. Other evidence has been taken from Dr. T. S. Good, the Medical Superintendent of Littlemore Mental Hospital; Dr. E. Goodall, Medical Superintendent of the Cardiff City Mental Hospital; Dr. E. Mapother, Medical Superintendent of the Maudsley Hospital; the West Ham Mental Hospital; and Dr. E. W. G. Masterman, the Superintendent of the St. Giles' (Infirmity) Hospital, Camberwell.

The Sub-Committee desired to discover :—

(1) Whether there is any system in operation whereby nurses undergoing general training can be seconded to mental hospitals for a period, in order to receive a course of special mental training and vice versa.

(2) Whether the extension of this system to the London general hospitals is practicable or desirable.

(3) To what extent there is a system of reciprocity in operation in London and the Provinces for the seconding of fully trained nurses from general to mental hospitals and vice versa, in order that they may obtain the double qualification. And what are the conditions of such reciprocity.

The question of reciprocity had already been raised in the Questionnaire sent out last year to the matrons of 316 hospitals and Poor Law infirmaries (*vide* Annual Report, 1924-25, p. 11), and as a result of the replies obtained, the large majority of

which showed an unsatisfactory state of affairs, the Sub-Committee felt that the matter should be more fully gone into with a view to determining what were the difficulties, if any, involved in the adoption of such a system, and what would be the best means of overcoming them.

As a result of the discussion with the matrons of two of the large London general hospitals, with special teaching facilities for nurses and with medical schools attached, the conclusion was reached that there were certain serious difficulties in the way of establishing the principle of including a period of special training in the course for the State General Nursing Examination and conversely for the examinations for mental nurses, especially in so far as the big London general hospitals were concerned. The principle objections appear to be: (a) the already overcrowded state of the present curriculum, which fully occupies the present period of training. Any increase in the requirements for the State examination would necessitate a lengthening of the period of training.

In reference to this point it is interesting to note that in Denmark, Norway and Sweden it is part of the general training course laid down by the State regulations that every nurse shall pass through a mental clinic. Also in some states of America the preliminary training course is the same for general and mental nurses.

(b) The difficulties of mutual arrangement between a general and mental hospital as to discrepancies of pay, leave, accommodation, etc.

The matrons were in favour of the principle of reciprocity but felt that it would be more feasible between Poor Law infirmaries and mental hospitals than between the voluntary general and mental hospitals.

In view of these obstacles it was regretfully felt that in so far as the London general hospitals were concerned mental training must, for the present at any rate, be a post-graduate subject, and conversely that mental nurses in training could not be taken for a period of general training in these hospitals.

The Sub-Committee are strongly of opinion that it is eminently desirable for all general nurses to have a period of special training in mental disorders as part of their syllabus for the State examination and conversely that all mental nurses should have a period of training in a general hospital. It is with regret that they realise the difficulties that at present stand in the way of this. The present syllabus for candidates for the State examination requires a special course in certain subjects, all of importance, but not more important than a right understanding of mental nursing, which covers both the minor and major forms of mental disturbance, which are so commonly met with in all forms of nursing.

Dr. Good gave the Sub-Committee an account of the system of reciprocity which has been started for nurses in training between Littlemore Hospital and the Radcliffe General Hospital at Oxford, of which he is a member of the staff. This is the first of its kind and is especially interesting as shewing the lines upon which certain difficulties already set out are most likely to be overcome.

He stated that the chief difficulties in his experience had been :—

(a) The mental nurses formerly took the Royal Medico-Psychological Nursing Examination and the Radcliffe Nurses formerly took their own Hospital examination. Now both take the State examination, and the lectures at the two hospitals are arranged to work in with each other.

(b) The question of time and the increase in the curriculum. Dr. Good pointed out that in fact it was not an addition to the nurses' work, but merely the looking at the same things from a different angle. Mental patients called for the same knowledge of physical disease and nursing as patients in general hospitals.

The system in operation is as follows :—At present every probationer and every nurse at Littlemore must spend at least one month at the Radcliffe Hospital and vice versa. Many Littlemore probationers do three months surgery and children's diseases. It is hoped to increase the period to three months for both mental and general nursing probationers.

In reply to a question Dr. Good stated that even such a short period of training as one month was of great value to the general and mental nurses respectively. To the former because it showed mental illness in a different light from that in which they had formerly regarded it, to the latter because it gave them a chance of seeing the working of a general hospital; to both because it tended to make them anxious to take the double training, as they quickly appreciated the value of so doing.

There is also a system of post-graduate reciprocity training between the two hospitals :—

(1) Fully trained and certificated general nurses from the Radcliffe Hospital are taken at Littlemore Mental Hospital as staff nurses and can come for 3, 6, or 12 months, or for the full training.

(2) The same system applied to the Littlemore nurses.

(3) Nurses are paid according to the rate current at their own hospital in each case.

(4) It is proposed that in future Littlemore nurses who go to the Radcliffe will be allowed to count this period towards their super-annuation service.

(5) Their place will be kept open for them at Littlemore.

As a result of enquiries it has been found that there is

only a very limited amount of post-graduate reciprocity throughout England and Wales, but this principle is gradually gaining ground.

Dr. Goodall has sent us the following account of the system in operation between the Cardiff City Mental Hospital and the Cardiff Royal Infirmary :—

“ The Committee of Visitors of this Institution and the Committee of the Cardiff Royal Infirmary have agreed that we take any certificated general nurses, who may desire to come here, as senior probationers for two years training in mental disorders, in order to sit for the State Certificate in Mental Nursing (for which we train). These nurses will have had three years at the Infirmary, and, therefore, will meet the requirements (five years in all) of the General Nursing Council in respect of the two certificates. These nurses will receive a gross salary, including bonus, of £109 13s. 0d. (or net money £55) per annum. The bonus fluctuates in accordance with the cost of living, but the sum they will receive will be about £6 (not less), more than the maximum pay of our senior probationers.

Our certificated mental nurses will be received by the Infirmary as second-year probationers, and would have to serve there for two years, taking all lectures and training which the second—and third—year nurses at the Infirmary take, and sitting for the appropriate examinations. Their pay would be that of second—and third year nurses, which is at present £20 and £25.

Owing to the other claims, in respect of nurses, on the Infirmary, they are unable to take more than, at present, two of our nurses a year.

We have only recently started training for the State examination in mental nursing in lieu of the Royal Medico-Psychological Association's examination; consequently, we shall not have certified State nurses until the examination now about to be held has been passed. As soon as there are certificated nurses available, they will be informed that they may apply at the Infirmary on the above terms.”

Since the date of this letter the Sub-Committee has received the further information from Dr. Goodall that the first two State certificated mental nurses have been accepted at the Cardiff Royal Infirmary.

Special Reference on Psycho-Analysis. The Sub-Committee discussed at length a reference from the Committee as to the advisability of holding an enquiry on psycho-analysis. It was resolved that a resolution should be sent to the Committee to the effect that the Sub-Committee felt that there were serious difficulties in the way of holding any enquiry regarding psycho-analysis.

MAURICE CRAIG, *Chairman.*

DORIS ODLUM, *Hon. Secretary.*

SUB-COMMITTEE No. 2.

The Care, After -Care and Treatment of the Insane.

Terms of Reference.

“ To study all questions connected with the care and treatment of patients in mental hospitals.

To raise the standard of general and medical education of all those engaged in nursing the insane.

To investigate the existing arrangements for visiting in mental hospitals, and to facilitate the organisation of After-Care.

To assist in removing the stigma which handicaps those who have been mentally afflicted.

To promote a closer liaison between the medical officers of mental hospitals and the general body of the profession."

During the year the Sub-Committee has met on the last Friday of each month under the Chairmanship of Dr. Reginald Worth, O.B.E.

Dr. Francis H. Edwards, being unwilling to stand again as Honorary Secretary, as he feared that he would not be able to attend the Meetings regularly owing to the inconvenience of the hour, Dr. Doris M. Odum was elected for the year 1926.

Miss Violet M. Dale has very kindly permitted the Sub-Committee to meet at her house, 63, Eccleston Square, S.W.1.,

THE YEAR'S WORK.

The special training of Medical Officers in Mental Hospitals in Psychological Medicine was discussed by the Sub-Committee, and a resolution strongly emphasising the necessity for such training as a qualification for appointment to the higher posts in mental hospitals, and suggesting that this training could best be acquired by means of study leave was passed by the Sub-Committee and forwarded to the Committee of the National Council. (*Vide p. 10*).

Occupational Therapy and its value in mental hospitals was discussed at length and a resolution was passed by the Sub-Committee to the effect that the Sub-Committee were informed that general occupational therapy, such as ward duties, gardening, laundry work, etc., was already extensively practised in mental hospitals but that they thought that the occupational therapy in the vocational sense, that is raffia, leather, cane work, basket and mat making etc., was very valuable for cases of dementia especially, and for mentally defective patients. They felt that any occupation officer appointed should count as a full member of the staff and so come under the direction of the Medical superintendent. (*Vide p. 10*).

The Sub-Committee was also strongly of opinion that many patients would benefit greatly by organised physical training in the form of drill, games, etc.

A resolution to this effect was passed by the Sub-Committee and sent forward to the Committee.

The improvement of the Nursing Service in Mental Hospitals. The Sub-Committee have given a large proportion of their time to the consideration of this important subject.

The evidence given at the Board of Control Conference on the Nursing Service in the mental hospitals is being discussed

in detail and also the Board of Control Circular (No. 677, January, 1926), on the same question.

The Sub-Committee hope to frame certain resolutions on the subject in due course.

The After Care of the Insane. The Sub-Committee has under consideration the provision of fuller facilities for the after care of the insane, and has before them a report drawn up by Miss Vickers on the work being done by the Mental After Care Association, and a report by Miss Evelyn Fox, Honorary Secretary, The Central Association for Mental Welfare, on the work of that Association.

The Sub-Committee feel very strongly that all work for the improvement of the conditions as to the nursing service, etc., of mental patients is being seriously hampered by the ignorance and apathy of the public on the whole subject of insanity. They are convinced that the only hope of any real and material advancement lies in the education and development of a well instructed public opinion in this most vital national and international question.

R. WORTH, *Chairman.*

DORIS M. ODLUM, *Hon. Secretary.*

SUB-COMMITTEE No. 3.

Mental Deficiency, Crime, etc.

Terms of Reference.

“To study the causes and prevention of mental disorder (in co-operation with other Sub-Committees as found necessary) and of mental deficiency.

To study criminality, dependency, vagrancy, prostitution, and allied social problems, in so far as these are failures of adjustment by reason of mental disorder or defect.

To enquire into the working of the Mental Deficiency Act, and, where necessary, into such legislative measures as might have a bearing on these subjects, with a view to their amendment or revision.”

Since the publication of the Second Report of its work in the Annual Report of the Council for the year 1924-25, ten more meetings of this Sub-Committee have been held, making a total of twenty-one in all.

Dr. W. A. Potts, Dr. E. A. Hamilton-Pearson and Mr. E. Clarke Hall represented the Council at the Ninth International Prison Congress, held in London in August, 1925. Mr. Clarke Hall acted as one of the Rapporteurs-Generaux appointed by the Congress in the Section of Legislation, being especially concerned in collating the reports received by the Congress on the important question of “what means could be taken, instead of imprisonment, with regard to offenders who have committed a petty offence, or an offence which does not constitute a danger

to public security." Two other members of the Sub-Committee, Miss Evelyn Fox and the Honorary Secretary, Dr. H. Freize Stephens, were members also of the Congress, Miss Fox being specially asked by the Congress to contribute a paper on the much discussed question of installing laboratories or clinics in prisons for the scientific study of criminals.

On October 23, 1925, the Chairman of the Sub-Committee (Dr. W. A. Potts) gave evidence on behalf of the Council before the Home Office Committee appointed during the year to consider the present day treatment of young offenders in England. He was favourably received, and his statement of evidence is published herein. (*Vide* p. 26).

The Sub-Committee has been in communication with the Fellowship of Medicine and Post Graduate Medical Association concerning the initiation of periodic courses of lectures, with clinical instruction for medical practitioners, in the early detection and certification of mental defectives. The Fellowship of Medicine has expressed itself in full sympathy with this proposal, and has asked the Sub-Committee to provide a list of lectures, and to prepare a syllabus of lectures, the Fellowship undertaking to advertise the lectures, to afford accommodation therefor, and to make all other arrangements concerning the same. The Sub-Committee also has decided to encourage the provision of special courses in mental deficiency for health visitors and social workers.

In accordance with the alteration in its terms of reference, whereby the study of the causes and prevention of mental disorder was added thereto, the Sub-Committee has appointed a Special Medical Sub-Committee, with Dr. W. A. Potts as Chairman and Dr. H. Freize Stephens as Honorary Secretary, "to consider the probable causes of mental disorder, and to prepare a popular report on the knowledge available concerning the same." This Special Medical Sub-Committee is the first conjoined Committee to be set up by the Sub-Committee, which, acting on its new terms of reference, has been able to co-opt temporarily to its Special Sub-Committee, for the particular purpose of the latter's enquiry, certain selected members of other Sub-Committees of the Council; and with valuable results.

Finally, the Sub-Committee has been concerned with the aetiology of amentia. A paper on the "Probable Causes of Mental Defect and Suggestions for dealing with them," by Dr. W. A. Potts and Dr. E. A. Hamilton-Pearson was published in the Annual Report of the National Council for Mental Hygiene last year, and three reports on "the Future Scientific Investigation of the Causes of Mental Defect" have now been prepared.

W. A. POTTS, *Chairman.*

H. FREIZE STEPHENS, *Hon. Secretary.*

DR. STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 30th JUNE, 1926. CR.

PUBLICITY ACCOUNT:

[illegible]

DR.

BALANCE SHEET, 30TH JUNE, 1926.

CR.

	£	s.	d.		£	s.	d.
To Subscriptions Paid in Advance ...	97	18	0	By Balances at Bank and in Hand:—			
" Sundry Creditors ...	2	10	11	General Account ...	136	2	10
" Surplus of Assets over Liabilities ...	123	15	10	Publicity Account ...	16	2	0
				" Sundry Debtors and Deposits ...	152	4	10
				" Office Furniture and Equipment (at cost) ...	21	4	4
					50	15	7
					£224	4	9

SOUTHBOROUGH, *Chairman and Hon. Treasurer.*
 NORAH M. EYRE, *Secretary.*

We have audited the above Balance Sheet dated 30th June, 1926, together with the accompanying Statements of Receipts and Payments for the year to that date, with the books and vouchers. We have obtained all the information and explanations we have required, and in our opinion the accounts are properly drawn up so as to exhibit a true and correct view of the state of the Council's affairs, according to the best of our information and the explanations given to us, and as shown by the books.

Alderman's House,
 Bishopsgate,
 London, E.C.2.

September 2, 1926.

BLACKBURNS, BARTON, MAYHEW & CO.,
Chartered Accountants,
Hon. Auditors.

APPENDIX.

EVIDENCE SUBMITTED TO THE HOME OFFICE COMMITTEE ON THE TREATMENT OF YOUNG OFFENDERS BY DR. W. POTTS, M.A.

For several years there has been a tendency to think that in cases of delinquency, particularly juvenile delinquency, treatment, rather than punishment, is sometimes required. This can be seen without going beyond official reports, notably the recent Reports of the Prison Commissioners, and also the reports published by the Home Office in each of the last two years on the work of the Children's Branch. But it is important to realise that there is also a large amount of non-official literature with the same trend.

Two facts in particular substantiate this idea. First, the reduction of extreme punishments, and at the same time less harshness and severity in carrying them out, has resulted not in more, but in less crime, while in recent years further improvement has followed the adoption of various methods of training for some prisoners. Secondly, the fact that the habitual offender, once started on his criminal career, tends to commit worse crimes as he goes on, in spite of increasingly severe punishment, confirms the idea that punishment is not always as successful a deterrent as some believe. It also suggests that the habitual offender may be suffering all the time from some inherent disability which, if possible, should be dealt with at the first opportunity. The confirmed criminal is such an obvious danger and expense to the community, that dealing properly with him at an early stage would be a public benefit; it is essential in the interests of economy. The habitual offender has nearly always been a juvenile delinquent, and once, at any rate, was a first offender. Special study therefore and treatment of juvenile delinquents is necessary to solve the problem of the habitual offender. When we examine the seasoned convict we are studying only the end products of an underlying cause, the first outlines of which have not been recognised, and are therefore lost.

The problem of delinquency must be looked at from many different angles, such as social, educational and medical. Without detracting in the least from the great importance of any other point of view, we would direct attention in the first place to the medical aspect. It is a fact that there are well marked abnormalities of physical and mental health and development, which may be overlooked in the Courts. The Mental Deficiency Act became operative in 1914, and ordered every mental defective to be regarded as such according to the provisions of the Act. Yet even now, eleven years later, it is a matter of common knowledge that many mental defectives are not recognised as such in the Courts, but treated as if they were normal individuals. The Report of the Prison Commissioners, published in 1923, gives some glaring instances of such miscarriages of justice. Not long ago the Birmingham Mental Deficiency Act Committee dealt with a young woman, now certified under the Mental Deficiency Act, who had received eighteen sentences in recent years. Cases are frequently reported in the daily papers which look as if they might be cases of mental defect; yet that possibility has not been considered. It is a fact, too, that cases of mental defect are now scarcely ever sent to the Birmingham Prison from Birmingham, in consequence of the duty of ascertainment, etc., in Birmingham under the Mental Deficiency Act having been thoroughly done, while there are also in Birmingham complete arrangements for the examination of cases before the Courts. Yet cases of mental defect are not infrequently found in the Birmingham Prison, which have come from districts not having the same facilities for special examination as Birmingham. An illustration of the unsatisfactory attitude of some magistrates and police officials to mental defect was given not long ago at a public meeting. When the question of mental defect was under discus-

sion, a magistrate asked the Chief Constable how many cases of mental defect had passed through the local Court in recent years. That official, without a moment's hesitation, answered none. Yet a knowledge of the incidence of mental defect in the community, and among delinquents in particular, showed that there must have been many such cases. It must also be realised that the incidence of mental defect among persons sent to prison in the ordinary way is from two to five per cent., an amount in itself sufficient to warrant arrangements for special medical examination. The reason why many magistrates and officers in the Courts overlook cases of mental defect is that when they look for defectives they think of low-grade imbeciles and idiots only, ignoring the higher grades, namely, high-grade imbeciles and feeble-minded, who exist in greater numbers, and are more likely to become delinquents. Often these high-grade defectives can only be recognised by those with special training and experience.

But it is not only in the interests of the small group of mental defectives that special medical examination is desirable. Reflection will show that there must be at least as many, and probably more, who are dull and backward; these cannot be regarded as wholly responsible; it is only right that an estimate of their intelligence should be made by a psychological expert, and such estimate taken into consideration in determining their responsibility and treatment.

Just as there are many cases before the Courts who are mentally abnormal, so are there likely to be as many who are suffering from actual physical disease or some physical abnormality, which constitutes a serious handicap in their lives, and a factor in their delinquency. Before inflicting serious sentence, especially one involving expense, it would be an advantage to the magistrates to know whether such abnormality exists, and whether special treatment is necessary or desirable. As an example may be quoted one of the first cases remanded out of custody for special examination under the Birmingham scheme. A young man was convicted of stealing. He was found to be suffering from consumption, a condition which had not been suspected. The Medical Officer of Health therefore arranged for him to go to one of the City Sanatoria; three months treatment restored him to health. On his return he had the advantage of being able to secure lighter work. Several years have now elapsed, during which his conduct has been good. This was accomplished by placing him on probation, and making one of the conditions of his probation the treatment found necessary on medical examination. More than one young offender has been successfully dealt with by probation, one condition of which was an operation urgently required for enlarged tonsils and adenoids. This is an abnormal condition, which in young persons may seriously affect the general health, and even the mentality. In a similar way unrecognised, and therefore untreated, cases of eye defect may be a factor in the causation of delinquency; this can be dealt with by providing the necessary glasses. In such cases there is often in the child a marked sense of inferiority, possibly not recognised as such. This sense of inferiority is not confined to cases of eye defect, but whenever it exists, may be a predisposing cause of crime.

At the present time all physicians dealing with mental disease, and thus treating cases of abnormal conduct, find that many mental cases are due to some infective poisoning, bad teeth, etc., or to some failure of one or more of the endocrine glands (thyroid, etc.). Examination for these conditions also is desirable in many cases of juvenile delinquency.

It is a matter of common knowledge, too, that sometimes attacks of encephalitis lethargica (sleepy sickness) which has become more prevalent in the last two years, are followed by a marked change in the moral character, especially in young adults,

Furthermore, delinquency, especially in the young, may be partly due to lack of opportunity to express some inherent, but unrecognised ability—artistic, musical, etc. An important factor may be that the child has been

forced into an unsuitable, and uncongenial, occupation, so that he can take no pride in his work. Sometimes the child is suffering from an unsatisfactory condition in the environment, such as a bad relationship between child and parent, although the home is, in the ordinary sense, a good one. This makes right conduct difficult. Sometimes the condition can only be recognised by an expert. Such considerations show how desirable, indeed absolutely necessary, special medical and psychological examination is in some cases.

The cases recommended for special examination should include:—

1. Sex Offences.
2. Burglary.
3. Stealing a sum of money of more than one pound, or articles to that value.
4. Offences dangerous to the public, *e.g.*, placing obstructions on railway lines.
5. All cases suspected of physical or mental defect.

As regards the method of carrying this out it would seem to be desirable to have in London a Central Children's Court, to which special cases might be sent from the local Children's Courts. This Court should have the powers of a Chancery Court in that it should be able, if the child was living in an unsuitable environment, to settle where it should live. One or more special part-time medical officers should be attached to this Court.

In the provinces in big centres the same arrangement could be made as in Birmingham, where a part-time psychological expert has been appointed by the Justices. An alternative would be to link the service up with either (1) the School Medical Service, (2) the Mental Deficiency Act Committee work, or (3) as recommended in Scotland, a medical officer in a mental hospital. There is no reason why medical officers from all these services should not be available according to circumstances.

Less populous areas could be dealt with by counties, or districts, or by linking them with a big centre.

The expense of such arrangements need not be large. It must be remembered that the Mental Deficiency Act of 1913 is in force so that the local Mental Deficiency Act Committee is responsible for the ascertainment of all mental defectives, and for dealing with them, if necessary, under the Act. For examining other cases at the discretion of the magistrates, a part-time medical officer if paid by fees per case would involve no great expense. If associated with other services a moderate honorarium would be all that was necessary; even in big areas the expense need not be great. It is assumed that use would be made of probation officers, who would visit the homes, and report to the Medical Officer to whom they would bring the delinquent and his parents. Only in special cases would it be necessary for the medical examiner to visit the home himself.

In conclusion, it must be stated that the most important method of dealing with juvenile delinquency is probation. There are several reasons why probation has not yet been so satisfactory as it might. First, the fact that the period of probation was often too short. One year is little use. The period should never be less than two or three years, and often ought to be five. Secondly, the number of probation officers is inadequate. Thirdly, the officers appointed have often been imperfectly educated, and also not trained for their work. Lastly, but not least important, the conditions of the probation have often been made without ascertaining what help the delinquent requires. This evidence aims at establishing the fact that probation may fail in its object unless it is preceded by a thorough medical and psychological examination.

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for the Year ended June 30th, 1926.

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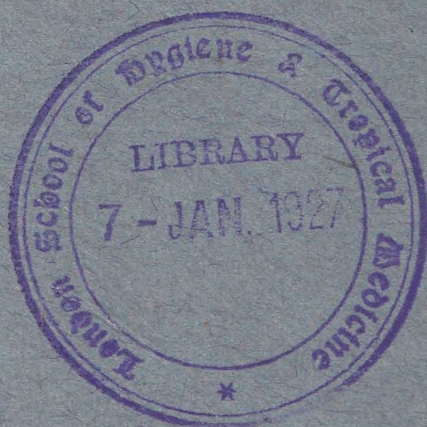
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